

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35820

Do not use this space.

1. PLACE OF DEATH

(a) County

Registration District No.

(b) Township

Primary Registration District No.

(c) City St. Louis(d) Street No. City Hospital No. 1Registered No. 9397

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Brewington

(a) Residence, No.

Milton HotelSt. 23

(Usual place of abode, if no street address, give county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFMary B Brewington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 6, -1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.clerk10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

FATHER

13. NAME

JAMES BREWINGTON14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UNKNOWN

MOTHER

15. MAIDEN NAME

LOUISA UNK16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UNK17. INFORMANT
(ADDRESS)Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

VALHALLACEM, Oct. 8, 193719. FUNERAL DIRECTOR
(ADDRESS)E. J. Schmur
3125 Lafayette Ave.

20. FILED

OCT 7 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from

6/28/3710/6/37I last saw him alive on 10/6/37, 19Death is said to have occurred on the date stated above, at 9.50 a

The principal cause of death and related causes of importance were as follows:

ulcerative colitis
(Positive Flexner Agglutination 1-800)

Date of onset

Other contributory causes of importance:

Name of operation Cesarean Date of 9-9-37What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. W. Siegel, M. D.(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, James Sullivan, Licensed Embalmer No. 2260,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Sullivan
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed James Sullivan
Licensed Embalmer No. 2260

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)